

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

41200

Registration District No.

231

Primary Registration District No.

4346

Registrar's No.

54

300
1-57

1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City Mo				c. CITY OR TOWN Montgomery City Mo			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS none			
3. NAME OF DECEASED (Type or print) Mary Lavinia Wilson				4. DATE OF DEATH Month Dec Day 3 Year 1957			
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH I-21-1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Near Truxton Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Newton Wilson				13b. MOTHER'S MAIDEN NAME Elizabeth De Garmo		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. Lost		17. INFORMANT James N. Moore Address Montgomery City Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL DEGENERATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) CHRONIC GENERALIZED ARTERIO SCLEROSIS						INTERVAL BETWEEN ONSET AND DEATH 1 WEEK 10 YEARS 15 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 7:50 Month 11 Day 5 Year 1957 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11-5-56 to Dec 3-1957 and last saw her alive on Dec 2-1957 Death occurred at 7:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. G. Van Andale D.O.				22b. ADDRESS Montgomery City Mo		22c. DATE SIGNED 12-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-5-57		23c. NAME OF CEMETERY OR CREMATOR New Providence		23d. LOCATION (City, town, or county) (State) Near Bellflower Mo	
24. FUNERAL DIRECTOR T. H. Stephens ADDRESS MONTGOMERY CITY MO				25. DATE RECD. BY LOCAL REG. 12-6-57		26. REGISTRAR'S SIGNATURE Laura B. Callaway	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by XXX on the 3 rd day of Dec 1957.....; Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed C. W. Hopkins.....
C. W. Hopkins

Licensed Embalmer No. 1487.....
Montgomery City Mo
P.O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.